

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street) ▼

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2015</div></div>		<div><div></div><div>36524.80</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>32707.68</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>43355.23</div></div>	<div><div></div><div>308915.98</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>76062.91</div></div>	<div><div></div><div>345440.78</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>795.97</div></div>	<div><div></div><div>270173.84</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>75266.94</div></div>	<div><div></div><div>75266.94</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37347.19	256182.24
(ii) Unitemized .....	5564.85	43440.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42912.04	299622.81
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	42912.04	299622.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	443.19	9293.17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43355.23	308915.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43355.23	308915.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	745.97	9497.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	745.97	9497.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	260200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	476.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	476.66
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	795.97	270173.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	795.97	270173.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	42912.04	299622.81
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	476.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42862.04	299146.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	745.97	9497.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	443.19	9293.17
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	302.78	204.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Brian G. Abbott F.A.C.C.**

Mailing Address 12 Woodhaven Rd

City

Barrington

State

RI

Zip Code

02806-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown/ Rhode Island Hospital

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : D699C492FA135D3EAA9

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Anne R. Albers PHD, F.A.C.**

Mailing Address 2694 Wexford Rd

City

Columbus

State

OH

Zip Code

43221-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohiohealth

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : D0A8FEB5-0AA6-43F3-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Jeffrey B. Anderson F.A.C.C.**

Mailing Address 3333 Burnet Ave

Division of Pediatric Cardiology

City

Cincinnati

State

OH

Zip Code

45229-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cincinnati Children's Hospital Medical

Occupation

PEDIATRIC CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : 46A9255BB3F9805A7AF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 52  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ashish Aneja F.A.C.C.

Mailing Address 6824 Mayapple Cir

City  
SolonState  
OHZip Code  
44139-5053FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metro Health Medical Center

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : 6753A0DFAEB311E48D3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brad G. Angeja F.A.C.C.

Mailing Address 865 44th Ave

City

San Francisco

State

CA

Zip Code

94121-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation

Occupation

NON-INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : 47CCA8A9DF1C557C71B9

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

c. Stephen J. Angeli F.A.C.C.

Mailing Address 62 Kings Ct

City

Fort Lee

State

NJ

Zip Code

07024-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 05B560EB98393982FD1

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

370.83

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anita M. Arnold F.A.C.C.**

Mailing Address 6175 Riverlake Blvd

City  
Bartow

State  
FL

Zip Code  
33830-7754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 05 / 2015

Transaction ID : B2BE320374895BE46AB

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Nizar A. Assi F.A.C.C.**

Mailing Address 10012 Kennerly Rd  
Ste 301

City

Saint Louis

State

MO

Zip Code

63128-2197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gateway Cardiology, PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

10 / 25 / 2015

Transaction ID : 45ACBF939C561D817FCB

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Louis L. Battey F.A.C.C.**

Mailing Address 1076 Brookhaven Sq NE

City

Brookhaven

State

GA

Zip Code

30319-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 05 / 2015

Transaction ID : 613063CBFAAAD2BD300

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1030.42



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Deepak Bhakta F.A.C.C.**

Mailing Address 1800 N Capitol Ave  
Department of Medicine

City State Zip Code  
Indianapolis IN 46202-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Krannert Institute of Cardiology, IU

Occupation  
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2015

Transaction ID : 61327E03-B87C-40F1-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ami B. Bhatt F.A.C.C.**

Mailing Address 19 Goodnough Rd

City State Zip Code  
Chestnut Hill MA 02467-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hospital

Occupation  
ADULT CONGENITAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2015

Transaction ID : E8F7ACBDD58BC117E96

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Gerald G. Blackwell F.A.C.C.**

Mailing Address 1733 Orchard PI

City State Zip Code  
Kingsport TN 37660-4523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Heart Center

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2015

Transaction ID : 609D8EF9163650E9385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alfred A. Bove PHD, M.A.C**

Mailing Address 3401 N Broad St

Parkinson Pavilion Suite 920

City

Philadelphia

State

PA

Zip Code

19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

**Transaction ID : 4E5CBD946F8B7FCB232B**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. George K. Brodell F.A.C.C.**

Mailing Address 4222 E 200 N

City

Lafayette

State

IN

Zip Code

47905-7871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 2979011C-6592-4462-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Charles L. Brown F.A.C.C.**

Mailing Address 95 Collier Rd NW

Ste 2045

City

Atlanta

State

GA

Zip Code

30309-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : A08284D6DBB4FBA87BA**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Joseph G. Cacchione F.A.C.C.**

Mailing Address 9500 Euclid Ave

Desk J2-3

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2015

Transaction ID : 4EAABFEC6FBE64E1B041

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. William B. Calhoun F.A.C.C.**

Mailing Address PO Box 2519

City

Tupelo

State

MS

Zip Code

38803-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : 224D09F020EF07793E5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Paul T. Campbell F.A.C.C.**

Mailing Address 616 Channing Cir NW

City

Concord

State

NC

Zip Code

28027-8528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanger Clinic, PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2015

Transaction ID : 40B718190E55EE0CD2A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter J. Chaille F.A.C.C.**

Mailing Address 427 Chestnut Forest Cv

City

Fort Wayne

State

IN

Zip Code

46814-8926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Physicians Group, Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : 41FF91C170955A02FB8D**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Hollace D. Chastain F.A.C.C.**

Mailing Address 4470 Brook Hollow Dr

City

Fort Wayne

State

IN

Zip Code

46814-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 4D2FA124F9F6E5E49FA1**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Richard A. Chazal F.A.C.C.**

Mailing Address 671 N Town and River Dr

City

Fort Myers

State

FL

Zip Code

33919-5931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee Physician Group-The Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : 4E7BAF3840B4255CF6DD**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bernard A. Clark F.A.C.C.**

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital and Medical Cente

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : 4788ABC4F9CCC1206F5C**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Edgar A. Covarrubias F.A.C.C.**Mailing Address 149 Bowsprit Dr  
Ste 208

City

West Palm Beach

State

FL

Zip Code

33408-5053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : B122DF01CA3E4C0D581**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. George H. Crossley F.A.C.C.**Mailing Address 276 Stratton Pl  
Ste 5209

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		25		2015

**Transaction ID : 45F18D2DF6995488651C**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

550.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William J. David F.A.C.C.**Mailing Address 910 Williston Park Pt  
Ste 1000

City	State	Zip Code
Lake Mary	FL	32746-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Cardiovascular Center, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : 88418AF4C444E80DF99**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Donna P. Denier F.A.C.C.**

Mailing Address 1077 Oaks Dr

City	State	Zip Code
Franklin Square	NY	11010-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : 00AC5431B873851424E**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Timothy A. Dewhurst F.A.C.C.**

Mailing Address 4819 18th Ave SW

City	State	Zip Code
Seattle	WA	98106-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : 4CC0A32549A77CE3CC62**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Claire S. Duvernoy F.A.C.C.**

Mailing Address 641 Geddes Ridge Ave

City

Ann Arbor

State

MI

Zip Code

48104-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan Health System

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

**Transaction ID : 91327E63909781350EB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Arthur Lee Eberly F.A.C.C.**

Mailing Address 202 Chamberlain Ct

City

Greenville

State

SC

Zip Code

29605-3161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

**Transaction ID : 4E1A99B3E84ADE9344BB**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. David M. Evans F.A.C.C.**

Mailing Address 130 Ashlei Ln

City

Searcy

State

AR

Zip Code

72143-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart Clinic Arkansas

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

**Transaction ID : 42C1B51D84D0A4251EF2**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

433.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Peter G. Fattal F.A.C.C.**

Mailing Address 8 E Hannum Blvd

City  
SaginawState  
MIZip Code  
48602-1910FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : 81ED4E7FF9498F6DB5E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Andrew Dundee Ferguson**Mailing Address 550 S Landmark Ave  
Landmark Medical CenterCity  
BloomingtonState  
INZip Code  
47403-3239FEC ID number of contributing  
federal political committee.

C

Name of Employer

Internal Medicine Associates

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 477FBD68883BEA351538

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

**C. Warren Q. Foster**

Mailing Address 7107 Criner Rd SE

City  
HuntsvilleState  
ALZip Code  
35802-1944FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huntsville Cardiovascular Clinic, P.C.

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : 08E6BB0B9C518958BEA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

770.83

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stefanie J. Fry F.A.C.C.**

Mailing Address 727 E Highland View Dr

City

Boise

State

ID

Zip Code

83702-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Idaho Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 02491C9F87ED286C438

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael F. Gilson F.A.C.C.**

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2015

Transaction ID : 40BCA586D29D857C10F8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Julian L. Gladstone F.A.C.C.**

Mailing Address 820 Galer Dr

City

Newtown Square

State

PA

Zip Code

19073-3503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 895D0B428D44F82DB00

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Prospero B. Gogo F.A.C.C.**Mailing Address 111 Colchester Ave  
McClure1Cardiology

City	State	Zip Code
Burlington	VT	05401-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interventional-Univ. of Vermont/FletchOccupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : 47BAA6691897EFA9FB3A

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Allen L. Goree CMPE**Mailing Address 1605 E Broadway  
Ste 300

City	State	Zip Code
Columbia	MO	65201-8023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Heart CenterOccupation  
CARDIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : F88AE2D127A2D197BA1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Eric M. Grubman F.A.C.C.**

Mailing Address 2 Devine St

City	State	Zip Code
North Haven	CT	06473-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale Heart and Vascular CenterOccupation  
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : B2709944D1ACB80FF0C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Anuj Gupta F.A.C.C.**

Mailing Address 1400 William St

City  
BaltimoreState  
MDZip Code  
21230-4545FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Maryland School of Medic

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	5

Transaction ID : 4F56A1640FF72C62E437

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Thomas A. Haffey F.A.C.C.**Mailing Address 9141 Grant St  
Ste 140

City

Thornton

State

CO

Zip Code

80229-4367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

Transaction ID : 4CEA8B80CA0B487961DE

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Thomas A. Haffey F.A.C.C.**

Mailing Address 10933 Meade Ct

City

Westminster

State

CO

Zip Code

80031-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	5

Transaction ID : 46C489A8D28D97D18250

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

208.34

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Gordon Harold M.A.C.C.**

Mailing Address 2473 Jupiter Dr

City

Los Angeles

State

CA

Zip Code

90046-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : 4E2AA5E31B10F525FC58**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Anthony A. Hilliard F.A.C.C.**

Mailing Address 725 W Sunset Dr

City

Redlands

State

CA

Zip Code

92373-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loma Linda University Medical Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : 28421EB95BD1E8CA5DB**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert E. Hobbs F.A.C.C.**

Mailing Address 2713 Dryden Rd

City

Shaker Heights

State

OH

Zip Code

44122-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : 505FFA19560F1EBC661**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

958.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David R. Holmes M.A.C.C.**Mailing Address 200 1st St SW  
Smh MG4-523

City	State	Zip Code
Rochester	MN	55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2015

**Transaction ID : 40CBB8C9A4381F3FD711**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Daniel J. Humiston F.A.C.C.**Mailing Address 2132 N 1700 W  
Ste 200

City	State	Zip Code
Layton	UT	84041-7060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : 45569A50F153CF397C9C**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**c. Michael L. Isaacson F.A.C.C.**

Mailing Address 410 Mallard Dr

City	State	Zip Code
Jonesboro	AR	72401-7138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Arkansas Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : 3FF048C4309CF14D30C**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

791.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Shannon M. Isakson**

Mailing Address 1416 W Gold St

City State Zip Code  
 Butte MT 59701-2114

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

CARDIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2015

Transaction ID : EF2A559EF5457619254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Saji C. Jacob F.A.C.C.**

Mailing Address 5116 Lake Crest Cir

City State Zip Code  
 Hoover AL 35226-5027

FEC ID number of contributing federal political committee.

C

Name of Employer

Cardiovascular Associates of the South

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 04 2015

Transaction ID : 488885F432CAF3805429

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Timothy D. Jacobson**

Mailing Address 2629 NE 23rd Ave

City State Zip Code  
 Portland OR 97212-4825

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2015

Transaction ID : 464290985AB4A0BA748F

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

295.83

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. John M. Johnstone MD**

Mailing Address 819 W Main St

City	State	Zip Code
Richmond	KY	40475-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : 4935A7009192CB737571

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ronald P. Karlsberg F.A.C.C.**Mailing Address 414 N Camden Dr  
Ste 1100

City	State	Zip Code
Beverly Hills	CA	90210-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2015

Transaction ID : F5DA319A-C43E-4391-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. David N. Kenigsberg F.A.C.C.**

Mailing Address 3340 SW 59th St

City	State	Zip Code
Fort Lauderdale	FL	33312-6370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Heart Rhythm Specialists, PLLC

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : 91186CC8535991F4231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerry D. Kennett M.A.C.C.**

Mailing Address 4614 Copperstone Ct

City  
ColumbiaState  
MOZip Code  
65203-1696FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : B6CB6E7195B55DA072F

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Marvin A. Konstam F.A.C.C.**

Mailing Address 800 Washington St

City  
BostonState  
MAZip Code  
02111-1552FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : F55603A684C949A45E0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Steven E. Kornberg F.A.C.C.**Mailing Address 155 Medical Center Way  
FI 2City  
Somers PointState  
NJZip Code  
08244-2306FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn Cardiology Somers Point

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2015

Transaction ID : 454FA2364D1489071958

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

2291.66

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Smadar Kort F.A.C.C.**

Mailing Address 65 Mimosa Dr

City

Roslyn

State

NY

Zip Code

11576-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stony Brook University Medical Center

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2015			

**Transaction ID : 487B8AD71739FA4177D3**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Sandeep Krishnan**Mailing Address 321 S Sherbourne Dr  
Apt 203

City

Los Angeles

State

CA

Zip Code

90048-3399

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CARDIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

**Transaction ID : B4857506B04ED4B004C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mark B. Lampert F.A.C.C.**Mailing Address 777 Valley Rd  
Bldg 3

City

Glencoe

State

IL

Zip Code

60022-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Health System C

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**Transaction ID : CBE1B0FD-2849-456A-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Gilbert A. Leidig F.A.C.C.**Mailing Address 1 Centurian Dr  
Ste 200

City	State	Zip Code
Newark	DE	19713-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A.Abbey Medica

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : 4225A5BEDAD42112CE74

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Richard T. Leshner F.A.C.C.**Mailing Address 443 Penn St  
Ste 308

City	State	Zip Code
Newtown	PA	18940-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : FD4E7D95F96CDDF8585

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steve Leung F.A.C.C.**

Mailing Address 3749 Horsemint Trl

City	State	Zip Code
Lexington	KY	40509-2947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kentucky

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : 4F158DD2ACE2388766C4

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

358.34

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Thomas J. Lewandowski F.A.C.C.**

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1890.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : 449C8A22968DD91FA282

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Sandra J. Lewis F.A.C.C.**

Mailing Address 5342 SW Hewett Blvd

City

Portland

State

OR

Zip Code

97221-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NW Cardiovascular Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOI

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

864.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : 4219958CDF428D0BB98A

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Leif A. Lohrbauer F.A.C.C.**Mailing Address 4205 Belfort Rd  
Ste 2069

City

Jacksonville

State

FL

Zip Code

32216-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent's Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : FF5D0D39D2071B81723

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

543.34

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerre F. Lutz F.A.C.C.**

Mailing Address 4627 Shiloh Ridge Trl

City	State	Zip Code
Snellville	GA	30039-8572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory University School of MedicineDep

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : 97B3EFE64C9DE73E319**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael L. Main F.A.C.C.**

Mailing Address 3247 W 138th Ter

City	State	Zip Code
Overland Park	KS	66224-4591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Consultants, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : 22634D58349A9F63557**

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

**C. Kartik Mani**Mailing Address 1230 Churchill Rd  
Prairie Diagnostic Center

City	State	Zip Code
Springfield	IL	62702-3493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

**Transaction ID : DE11C6F6-501F-4FD0-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sunil V. Mankad F.A.C.C.**

Mailing Address 200 1st St SW

City  
Rochester

State Zip Code  
MN 55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

10 / 12 / 2015

Transaction ID : 4E5AA1F25D0B2ACB60C4

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

**B. J. Jeffrey Marshall F.A.C.C.**

Mailing Address 200 S Enota Dr NE  
Ste 200

City  
Gainesville

State Zip Code  
GA 30501-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

10 / 07 / 2015

Transaction ID : 4E4BA6D4143836C749B6

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**c. Stephanie F. Martin F.A.C.C.**

Mailing Address 1403 Greenbriar Rd

City  
Kinston

State Zip Code  
NC 28501-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2015

Transaction ID : FA8F6C9F-636D-418E-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laxmi S. Mehta F.A.C.C.**Mailing Address 5037 Canterbury Dr  
Ste 200

City	State	Zip Code
Powell	OH	43065-8615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : 46F19BAD744BDABD1B26**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Joseph I. Miller**

Mailing Address 1021 Clifton Rd NE

City	State	Zip Code
Atlanta	GA	30307-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : A3A05025FEEA3F7B918**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Ronald V. Miller F.A.C.C.**

Mailing Address 23755 Woodlynne Dr

City	State	Zip Code
Bingham Farms	MI	48025-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : 0C38C6AFF336EF81AA0**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1333.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alberto E. Montalvo F.A.C.C.**

Mailing Address 5928 Riverview Blvd

City State Zip Code  
 Bradenton FL 34209-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bradenton Cardiology

Occupation  
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

10 / 08 / 2015

Transaction ID : 4E0DB959D33539E61DC6

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Marc A. Mugmon F.A.C.C.**

Mailing Address 7193 Collingwood Ct

City State Zip Code  
 Elkridge MD 21075-5548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Chesapeake CardioVascular Associates

Occupation  
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 12 / 2015

Transaction ID : 4723A2DA6347E8B330AF

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Evan Ownby**

Mailing Address 2410 Atherholt Rd

City State Zip Code  
 Lynchburg VA 24501-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Stroobants Cardiovascular Center

Occupation  
 INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 9611FE88A9A33DC9853

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

366.67

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roberto Pacheco F.A.C.C.**

Mailing Address 3305 Quail Chase

City  
SpringfieldState  
ILZip Code  
62711-7850FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prairie Cardiovascular Consultants

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

**Transaction ID : 4BB3854B5B1EE0A9B112**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Donald A. Page F.A.C.C.**Mailing Address 55 Whitcher St NE  
Ste 350City  
MariettaState  
GAZip Code  
30060-1129FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellstar Cardiovascular Medicine

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : 92C3F7C8973ABDFC581**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Vaughn W. Payne F.A.C.C.**Mailing Address 6713 Regal Rd  
Ste 400City  
LouisvilleState  
KYZip Code  
40222-6195FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caresource

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

**Transaction ID : 441B9773ECDB11D673B0**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1166.66



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. William H. Pentz F.A.C.C.

Mailing Address 230 W Washington Sq  
 FI 3

City State Zip Code  
 Philadelphia PA 19106-3500

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Penn Cardiology At Pennsylvania Hospit

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2015

Transaction ID : 481C90D61883E5AD74A6

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Neal S. Perlmutter F.A.C.C.

Mailing Address 7002 126th Ave NE

City State Zip Code  
 Kirkland WA 98033-8325

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.76

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 05 2015

Transaction ID : 3F53BDBA0DA7D3B3D62

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Neal S. Perlmutter F.A.C.C.

Mailing Address 7002 126th Ave NE

City State Zip Code  
 Kirkland WA 98033-8325

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.76

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 07 2015

Transaction ID : 4AADA37F364662666A1B

Amount of Each Receipt this Period

41.68

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

881.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Phillips F.A.C.C.

Mailing Address 12721 Monte Castillo Pkwy

City	State	Zip Code
Austin	TX	78732-1631

FEC ID number of contributing federal political committee.

C

Name of Employer

Austin Heart, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 465D9B827A6856653411

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Matthew Phillips F.A.C.C.

Mailing Address 12721 Monte Castillo Pkwy

City	State	Zip Code
Austin	TX	78732-1631

FEC ID number of contributing federal political committee.

C

Name of Employer

Austin Heart, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 49EBAE5C6A5ED855AC55

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Matthew Phillips F.A.C.C.

Mailing Address 12721 Monte Castillo Pkwy

City	State	Zip Code
Austin	TX	78732-1631

FEC ID number of contributing federal political committee.

C

Name of Employer

Austin Heart, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : 49E9B8D8A5A0B39497F9

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

250.02

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John W. Pickrell F.A.C.C.**

Mailing Address 1230 E 1st St

City	State	Zip Code
Casper	WY	82601-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wyoming CardioPulmonary

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2015

**Transaction ID : 4D8694E2FCC438B7377D**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Tim S. Provias F.A.C.C.**Mailing Address 7848 Davis St  
Galter 19-100

City	State	Zip Code
Morton Grove	IL	60053-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Medicine

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : E9E26FBAB0C85F4E422**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Syed Tanveer Rab F.A.C.C.**

Mailing Address 3087 Oglethorpe Way NE

City	State	Zip Code
Brookhaven	GA	30319-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Clinic Sugarloaf

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : 7AC64C5E81FCF0F27BD**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

835.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Geetha Raghuveer F.A.C.C.**

Mailing Address 5354 Mission Woods Rd

City

Shawnee Mission

State

KS

Zip Code

66205-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

PEDIATRIC CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

**Transaction ID : 4010BC102BB6FB81B777**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Peter S. Rahko F.A.C.C.**

Mailing Address 3410 Noll Valley Cir

City

Verona

State

WI

Zip Code

53593-8720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : 22D87CD3EFCABD54595**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Patricia R. Rantos A.A.C.C.**Mailing Address 1100 9th Ave  
PO Box 900

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : D9D4E760F976A3B04AE**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1708.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George P. Rodgers F.A.C.C.**

Mailing Address 2441 Westlake Dr

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 15 / 2015

**Transaction ID : 453DB2DE6F91A6C7EE67**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Orlando Rodriguez-Vila F.A.C.C.**

Mailing Address 265 Calle Jilguero

City

San Juan

State

PR

Zip Code

00926-7109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assistant Chief, Medical Service, Cath

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

10 / 01 / 2015

**Transaction ID : 4036B9F477BDB503CCE6**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. David A. Rosenbaum F.A.C.C.**

Mailing Address 14585 Millhaven Pl

City

Colorado Springs

State

CO

Zip Code

80908-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHMG Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 07 / 2015

**Transaction ID : 479C9024FCC4FDC1DBD3**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert L. Rothbard F.A.C.C.**

Mailing Address 2000 Via Tuscany

City

Winter Park

State

FL

Zip Code

32789-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2015

**Transaction ID : 4B8C990B1BFA4682642C**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. John S. Rumsfeld PHD, F.A.C**

Mailing Address 130 S Cherry St

City

Denver

State

CO

Zip Code

80246-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2015

**Transaction ID : 4C6E8D98D42A357F0460**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Christina M. Salazar F.A.C.C.**Mailing Address 1903 Stratford Rd  
Health Plaza

City

Lawrence

State

KS

Zip Code

66044-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Specialists of Lawrence

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : 2BAEDEED217443E60C7**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

358.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Thomas Saxon**

Mailing Address 6010 Central St

City

Kansas City

State

MO

Zip Code

64113-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Mid America Heart Institute

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

10 / 09 / 2015

Transaction ID : 4206ADC7B09CF13575B9

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

**B. John W. Schaeffer F.A.C.C.**

Mailing Address 161 Ridgeland Dr

City

Amherst

State

OH

Zip Code

44001-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Ohio Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 5A4487270C49BAC5EA0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Pascha Schafer**

Mailing Address 1120 15th St

# BBR-6520A

City

Augusta

State

GA

Zip Code

30912-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical College of Georgia At Georgia

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 8D8579367FA47932547

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1270.83

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael K. Schroyer A.A.C.C.**

Mailing Address 9065 Pebblepointe Cir

City

Zionsville

State

IN

Zip Code

46077-8992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Vincent Heart Center of Indiana

Occupation

CARDIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2015					

**Transaction ID : 4E8D9F98240AFB1DCCB5**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. James L. Sechler F.A.C.C.**Mailing Address 6525 Powers Blvd  
Ste 301

City

Cleveland

State

OH

Zip Code

44129-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Clinic, Inc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			27			2015					

**Transaction ID : B01301D2A6033BDB5CE**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Kenneth M. Shaffer F.A.C.C.**Mailing Address 4314 Medical Pkwy  
Ste 200

City

Austin

State

TX

Zip Code

78756-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Cardiology Associates

Occupation

PEDIATRIC CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			27			2015					

**Transaction ID : 1942563484CF55EB91B**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy J. Shanahan F.A.C.C.**

Mailing Address 6177 Country Club Dr

City

Easton

State

MD

Zip Code

21601-8567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chesapeake Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 4F86A191B135715FFA4A**

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

**B. Greg S. Simpson**Mailing Address 900 S Frontage Rd  
Ste 325

City

Downers Grove

State

IL

Zip Code

60517-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Management of Illinois

Occupation

CARDIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : 0F98993EE5DC819D2E3**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Michael J. Springer F.A.C.C.**Mailing Address 803 Towner Pl  
Ste 200

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Cardiovascular Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2015

**Transaction ID : 47CEBC89C3C7D2354F08**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

112.49

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nicholas John Stamato F.A.C.C.**Mailing Address 4301 Tate Ct  
PO Box 3011City State Zip Code  
Gillette WY 82718-4180FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campbell County Memorial HospitalOccupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : 76A24A9154E126EE7BE**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Randall P. Stark F.A.C.C.**Mailing Address 4040 Coon Rapids Blvd NW  
Ste 120City State Zip Code  
Minneapolis MN 55433-4568FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Heart CenterMetropolitan Heart &Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : AF21C90A69CE9730747**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. William E. Story F.A.C.C.**Mailing Address 1745 N Mills Ave  
Ste 100City State Zip Code  
Orlando FL 32803-1876FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Florida Cardiology GroupOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : 7D4325A480EAC2999B8**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S. Strobel F.A.C.C.**

Mailing Address 3407 E Olcott Blvd

City

Bloomington

State

IN

Zip Code

47401-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Internal Medicine Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 05 / 2015

Transaction ID : 6BFDB29AA7E6EF22673

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marc A. Tecce F.A.C.C.**

Mailing Address 5 Great Woods Ln

City

Malvern

State

PA

Zip Code

19355-9697

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 05 / 2015

Transaction ID : 5A0CC626EB5F60DCC4C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Suma A. Thomas F.A.C.C.**

Mailing Address 701 W Lakeside Ave  
Apt 801

City

Cleveland

State

OH

Zip Code

44113-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

10 / 25 / 2015

Transaction ID : 4EB9838A7426C483941A

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

758.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward J. Toggart F.A.C.C.**

Mailing Address 4465 NW Honeysuckle Dr

City

Corvallis

State

OR

Zip Code

97330-3356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : CDBA50CEF247BEBFBFB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Edward Robert Tuohy F.A.C.C.**

Mailing Address 84 Merry Meet Ctr

City

Fairfield

State

CT

Zip Code

06824-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiac Specialists, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : 52EBCEA6DB00FEA42D2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. William A. Van Decker F.A.C.C.**

Mailing Address 1051 Montgomery Ave

City

Penn Valley

State

PA

Zip Code

19072-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : C3036D4FC1B303B7E14

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mladen I. Vidovich F.A.C.C.**

Mailing Address 840 S Wood St

Department of Cardiology

City

Chicago

State

IL

Zip Code

60612-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Illinois

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2015			

Transaction ID : BD3DD7896D492EF395E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Juan Villafane F.A.C.C.**

Mailing Address 1400 Willow Ave

City

Louisville

State

KY

Zip Code

40204-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRIC CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2015			

Transaction ID : 41B8B688B173380FDB3D

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

**C. Thad F. Waite F.A.C.C.**

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Transaction ID : 4659B7AADBC714DE654C

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

479.17

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Howard T. Walpole MBA, F.A.C**

Mailing Address 743 Spring St NE

City

Gainesville

State

GA

Zip Code

30501-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Georgia Health System

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1124.98

Date of Receipt

10 / 27 / 2015

**Transaction ID : 4F3C998C68388C351EAA**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Howard T. Walpole MBA, F.A.C**

Mailing Address 2581 Bridgewater Cir

City

Gainesville

State

GA

Zip Code

30506-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Georgia Health System

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1124.98

Date of Receipt

10 / 28 / 2015

**Transaction ID : 4347A88C6DC80DAD7664**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Mary Norine Walsh F.A.C.C.**

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Vincent Heart Center of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 490EA8411AF3BFC07D7A**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

266.67

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce A. Watt F.A.C.C.**

Mailing Address 221 E 21st St

City

Sioux Falls

State

SD

Zip Code

57105-1924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Central Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	1	5		

**Transaction ID : 4DB2861266F32B4D9953**

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

**B. W. Douglas Weaver M.A.C.C.**Mailing Address 474 Townsend St  
Opf 4F83A

City

Birmingham

State

MI

Zip Code

48009-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	1	5		

**Transaction ID : C2DEB839413AF9FAA56**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Daniel E. Westerdahl**Mailing Address 114 N Doheny Dr  
Apt 103

City

West Hollywood

State

CA

Zip Code

90048-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center

Occupation

CARDIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	5		

**Transaction ID : 474B880BDA862105099**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1333.33

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donald R. Westerhausen F.A.C.C.**

Mailing Address 52346 Spring Arbor Ct

City

Granger

State

IN

Zip Code

46530-6247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : D3C8694F9A13822CCA4**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Patrick J. White**

Mailing Address 5908 Turnberry Dr

City

South Lyon

State

MI

Zip Code

48178-7088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medaxiom

Occupation

CARDIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 642EA954-599F-4C24-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. B. Hadley Wilson MD**Mailing Address 1001 Blythe Blvd  
Ste 300

City

Charlotte

State

NC

Zip Code

28203-5863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanger Clinic, PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

**Transaction ID : 4DC6BF48493AFB556FEE**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1590.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph S. Wilson MD**

Mailing Address PO Box 52979

City

Atlanta

State

GA

Zip Code

30355-0979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAG Mutual Insurance Company

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 010DAFC2EBA5B4905FF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John R. Windle F.A.C.C.**

Mailing Address 2909 S 100th St

City

Omaha

State

NE

Zip Code

68124-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Nebraska Medical CenterC

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2015

Transaction ID : A89554A72AC5DEAA968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Amin Yehya MSC, F.A.C**

Mailing Address 1080 W Peachtree St NW  
Suite 3000

City

Atlanta

State

GA

Zip Code

30309-3876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 658BF4496319334097E

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 52

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Jerald A. Young F.A.C.C.**Mailing Address 565 Via Casitas  
Apt 11

City	State	Zip Code
Greenbrae	CA	94904-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Associates of Marin and San

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : 1DBBEAAFD7E77A8006C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mark J. Zucker F.A.C.C.**Mailing Address 201 Lyons Ave  
Heart Transplantation L4

City	State	Zip Code
Newark	NJ	07112-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newark Beth Israel Medcl Ctr

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : 93302C1A15EB976A695

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

37347.19

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 52

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American College of Cardiology - Admin Account**

Mailing Address P.O. Box 85024

City	State	Zip Code
Richmond	VA	23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9293.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

**Transaction ID : 8A5E91B005295BB4932**

Amount of Each Receipt this Period

443.19

Reimbursement for September 2015 Amex Fees and  
October 2015 Merchant Fees**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

443.19

443.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
October 2015 Amex Fees

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : VCF0AAB74614D941B04A

Amount of Each Disbursement this Period

357.91
--------

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920

Purpose of Disbursement  
October 2015 Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : MA1B13A0E4D14AD3F8F9

Amount of Each Disbursement this Period

388.06
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

745.97

745.97